Effective January 1, 2003 SMO-129												
CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		• 2			X\$ 9=	18	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		2			X42=	84	OR	X84=	
MUL	TIPLE DEPENI	DENT CLAIM PI	RESENT					+140=	0	OR	+280=	
• lf t	he difference	in column.1 is	less than ze	ro, enter	r "0" in a	olumn 2		TOTAL	477	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL		OR	OTHER SMALL	
AMENDMENT A	77704	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		FATE	AODI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. 22.	Minus	• 0	22	= Ø]	X\$ 9 5		OR	X\$18=	
ME	Independent	• 3	Minus	***			1	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						j	+140=		OR	+280=	•
	•							TOTAL		OR	TOTAL ADDIT, FEE	
-	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	**	27 (.0		X\$ 9=	1	OR	X\$18=	
	Independent	• 3	Minus	. 624	36	10_	4	X42=	"	OR	X84≤	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	£140=		OR	+280=	
								ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		. NUM PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	A		= '		X\$ 9=		OR	X\$18=	
	Independent	٠	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1	OR	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
=	of the Stichest No	imber Previously I imber Previously imber Previously P	Paid For IN Th	HS SPACE	is less th	an 3. enter "3	.•	ADDIT. FEE		-3 -	AUDII. PEC	

Application or Docket Number